



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

BENZEL MACMASTER

**Respondent Name**

HARTFORD INSURANCE COMPANY OF

**MFDR Tracking Number**

M4-14-0208-01

**Carrier's Austin Representative**

Box Number 47

**MFDR Date Received**

September 20, 2013

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "We are in receipt of your explanation of benefits for a Maximum Medical Improvement and/or Impairment Rating examination, for which we are requesting reconsideration because the bill was processed incorrectly. Enclosed please find a copy of Rule 134.204 (j), on which we have highlighted the appropriate areas concerning this particular examination and made a margin notes."

**Amount in Dispute:** \$300.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** No position statement included in the carrier response.

**Response Submitted by:** BAJB

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 15, 2013	CPT Code 99455-V4-WP	\$300.00	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guideline for workers' compensation specific services on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:  
193 – Original payment decision is being maintained. This claim was processed properly the first time.

**Issues**

1. Is the disputed service performed supported?
2. Is the requestor entitled to reimbursement?

## **Findings**

1. Per 28 Texas Administrative Code §134.204 states (j) Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows:
  - (1) The total MAR for an MMI/IR examination shall be equal to the MMI evaluation reimbursement plus the reimbursement for the body area(s) evaluated for the assignment of an IR. The MMI/IR examination shall include:
    - (A) the examination;
    - (B) consultation with the injured employee;
    - (C) review of the records and films;
  - (3) The following applies for billing and reimbursement of an MMI evaluation.
    - (A) An examining doctor who is the treating doctor shall bill using CPT Code 99455 with the appropriate modifier.
      - (i) Reimbursement shall be the applicable established patient office visit level associated with the examination.
      - (ii) Modifiers "V1", "V2", "V3", "V4", or "V5" shall be added to the CPT code to correspond with the last digit of the applicable office visit.
  - (4) The following applies for billing and reimbursement of an IR evaluation.
    - (A) The HCP shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the units column of the billing form.
    - (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
      - (ii) The MAR for musculoskeletal body areas shall be as follows.
        - (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.
        - (II) If full physical evaluation, with range of motion, is performed:
          - (-a-) \$300 for the first musculoskeletal body area; and
          - (-b-) \$150 for each additional musculoskeletal body area.

Review of submitted documentation finds report by the examining doctor which indicates maximum medical improvement and impairment rating addressed but no mention of what method was used for the impairment rating examination of the body area reviewed. The requestor billed for the services performed on July 15, 2013 with CPT Code 99455-V4-WP.

- 2. The respondent issued payment in the amount of \$174.92. Based upon the documentation submitted, no additional reimbursement is recommended

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

## **Authorized Signature**

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Signature	Medical Fee Dispute Resolution Officer	Date

6/27/14

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**